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# Maryland Health Benefit Exchange Meeting of Navigator Advisory Committee

Study of Navigator Program and Consumer Assistance

September 26, 2011

Manatt Health Solutions

Meeting Goals and Objectives

Progress Against Work Plan

Overview of Demographics of Target Population

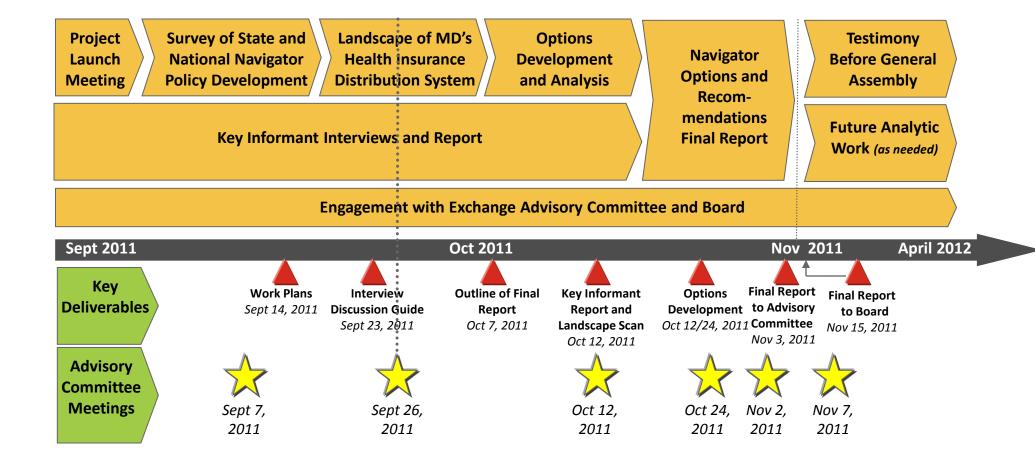
Key Informant Work Plan Discussion

**Next Steps** 

**Project Purpose:** Develop recommendations for the design and operation of Maryland's Navigator Program pursuant to the Maryland Health Benefit Exchange Act of 2011.

# **Goals for Today's Meeting**

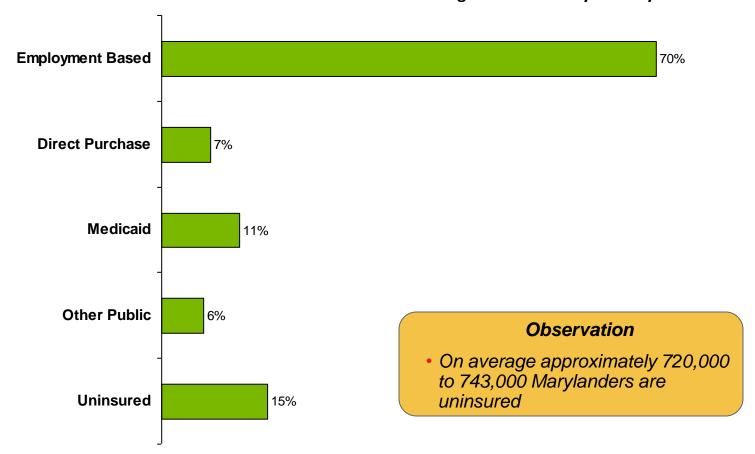
- Provide an overview of work done to date and an update of the plan moving forward
- Share and discuss demographic information of the target/uninsured population
- Update Advisory Committee on the detailed outreach plan and solicit input into the discussion guides and public comment document



# Update on Key Project Deliverables

Deliverable	Date(s)	Status
Advisory Committee Meeting: Introduce Team, Review of Work Plan, Obtain Input on Interview Candidates  • Meeting agenda and supporting materials	Sept 7, 2011	Complete
Project Work Plan, including Key Informant Interview Plan	Sept 14, 2011	Complete
Interview Discussion Guides	Sept 23, 2011	Complete
Advisory Committee Meeting: Share Demographics and Obtain Input on Discussion Guides • Meeting agenda and supporting materials	Sept 26, 2011	In Process
Outline of Final Report	Oct 7, 2011	In Process
Advisory Committee Meeting: Present Key Informant Interview Report, Landscape Scan and Discuss Initial Options Development  • Meeting agenda and supporting materials	Oct 12, 2011	To Be Completed
Advisory Committee Meeting: Present Options Recommendations and Solicit Advisory Input  • Meeting agenda and supporting materials	Oct 24, 2011	To Be Completed
Advisory Committee Meeting: TBD	Nov 2, 2011	To Be Completed/ TBD
Final Report (draft to the Advisory Committee)	Nov 3, 2011	To Be Completed
Advisory Committee Meeting: Review of Final Report  • Meeting agenda and supporting materials	Nov 7, 2011	To Be Completed
Final Report (to Board)	Nov 15, 2011	To Be Completed

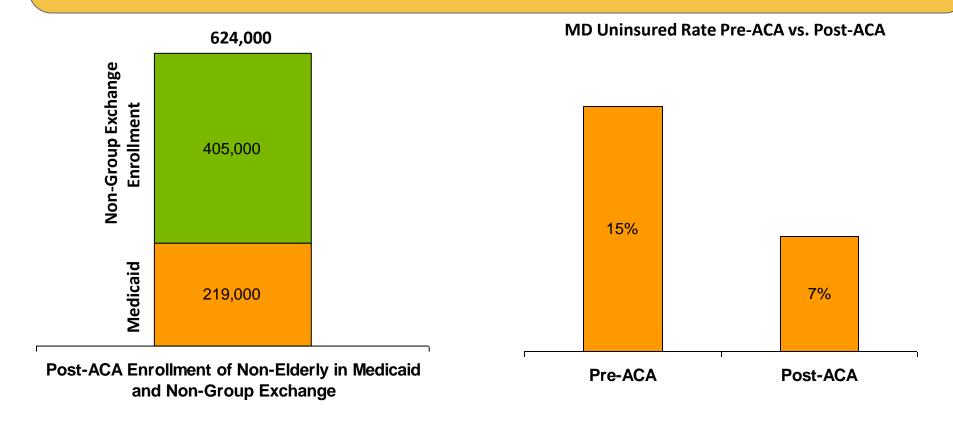
## **Health Insurance Coverage of Non-Elderly in Maryland**



Note: Numbers total more than 100% because people can have multiple coverage on the CPS dataset used by the state

Source: Maryland Health Care Commission, "Health Insurance Coverage in Maryland Through 2009." Maryland Health Care Commission. January 2011; DHMH Press Release on September 20, 2011; M. Buettgens, J. Holahan, C. Carroll, "Health Reform Across the States: Increased Insurance Coverage and Federal Spending on the Exchanges and Medicaid," prepared for the Robert Wood Johnson Foundation State Coverage Initiatives by the Urban Institute, March 2011, available at <a href="http://www.rwjf.org/files/research/71952.pdf">http://www.rwjf.org/files/research/71952.pdf</a>

- 405,000 individuals are anticipated to enroll in the exchange; individuals likely were previously uninsured, previously in other public programs, and previously had private sector coverage.
- 219,000 will be newly eligible for Medicaid, individuals were likely previously uninsured or in other public programs
- Overall, uninsured rate drops from approximately 15% to 7%, leaving 360,000 Marylanders uninsured



Note: Urban report illustrates coverage in 2011 if the ACA were implemented immediately- no adjustment is made for possible population growth or changes between 2011 and 2014; Urban report uses a national model that is applied to Maryland; Maryland-specific model is planned but not yet in development Source: M. Buettgens, J. Holahan, C. Carroll, "Health Reform Across the States: Increased Insurance Coverage and Federal Spending on the Exchanges and Medicaid," prepared for the Robert Wood Johnson Foundation State Coverage Initiatives by the Urban Institute, March 2011, available at <a href="http://www.rwjf.org/files/research/71952.pdf">http://www.rwjf.org/files/research/71952.pdf</a>

## Non-Group Exchange & Medicaid Enrollment by FPL

	Medicaid	Exchange Enrollment/ % of Exchange Enrollment	% of all Post-ACA Enrollment
<139% FPL/ (New Medicaid)	219,000		35%
139-199% FPL		118,000/29%	19%
200-299% FPL		62,000/15%	10%
300-399% FPL		64,000/16%	10%
400%+ FPL		161,000/40%	26%
Total	219,000	405,000	624,000/100%

#### **Observations**

- 35% of all post-ACA enrollment projected to be newly enrolled in Medicaid
- 74% of all enrollment projected to be at income levels less than 400% FPL
- 40% of exchange enrollment projected to be at income levels of 400%+ FPL

Note: Urban report illustrates coverage in 2011 if the ACA were implemented immediately- no adjustment is made for possible population growth or changes between 2011 and 2014; Urban report uses a national model that is applied to Maryland; Maryland-specific model is planned but not yet in development

Source: M. Buettgens, J. Holahan, C. Carroll, "Health Reform Across the States: Increased Insurance Coverage and Federal Spending on the Exchanges and Medicaid," prepared for the Robert Wood Johnson Foundation State Coverage Initiatives by the Urban Institute, March 2011, available at <a href="http://www.rwif.org/files/research/71952.pdf">http://www.rwif.org/files/research/71952.pdf</a>

- Uninsured are likely to be lower income and between the ages of 19 and 34
- Uninsured are more diverse that the regular population

## Distribution of the Uninsured Non-Elderly by Age

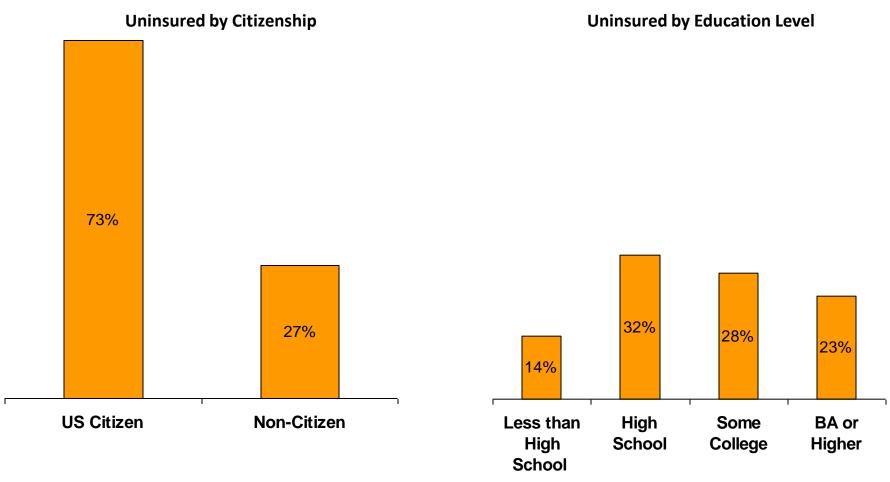
#### 201-400% 401%+ Total <200% **FPL FPL FPL** Age 0-18 13% 8% 3% 2% Age 19-34 21% 15% 9% 45% Age 35-64 19% 15% 8% 42% Total 48% 33% 19% 100%

## Distribution of the Uninsured Non-Elderly by Race/ Ethnicity

	<200% FPL	201-400% FPL	401%+ FPL	Total
White	14%	13%	8%	35%
Black	19%	10%	7%	36%
Hispanic (Any Race)	13%	9%	2%	24%
Asian/ Other	3%	1%	2%	6%
Total	49%	33%	19%	100%

Source: Maryland Health Care Commission, "Health Insurance Coverage in Maryland Through 2009." Maryland Health Care Commission. January 2011

- Almost 30% of uninsured are non-citizens, with majority of non-citizens being <400% FPL</li>
- 46% of uninsured have a high school diploma or less



Source: Maryland Health Care Commission, "Health Insurance Coverage in Maryland Through 2009." Maryland Health Care Commission. January 2011; DHMH Press Release on September 20, 2011; Numbers may not sum due to rounding

• 79% of the uninsured reside in family where a worker is employed in the private sector, with those workers being in large and small employers

## Distribution of the Uninsured Non-Elderly by FPL and Family Work Status

	<200% FPL	201% + FPL	Total
Public Sector	2%	9%	11%
Private Sector	37%	42%	79%
- Firm Size < 100	22%	20%	42%
- Firm Size 100+	15%	22%	37%
No Workers in Family	9%	1%	10%

Source: Maryland Health Care Commission, "Health Insurance Coverage in Maryland Through 2009." Maryland Health Care Commission. January 2011; DHMH Press Release on September 20, 2011

# **Advisory Committee:**

• Input from Advisory Committee Members

# Facilitated Small Group Discussions:

- Consumers
- Brokers
- Small business
- Health Plans (Commercial and Medicaid)
- Providers

# Stakeholder input

# Key Informant Interviews:

- Maryland Insurance Administration
- Department of Health and Mental Hygiene
  - Medicaid
  - Minority Health and Health Disparities
  - Developmental Disability Admin.
- Maryland Department of Human Resources

## **Public comment**

- Web-based questionnaire
- Participation in Advisory
   Committee Public Comment Period

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# **Key Areas for Input\***

- Existing private sector consumer assistance resources
- Navigator functions
- Navigator training, certification, licensure and oversight
- Navigator compensation, retention and sustainability
- Effect of Navigator Program on existing consumer assistance (e.g., brokers/agents)

\*The Maryland Health Benefit Exchange Act required the Navigator study to address these areas.



# **Public Discussion Guide**

# **Goal for public input questionnaire:**

 Provide general, open-ended questions that allow for input from a wide range of stakeholders

# **Sample Questions**

- What entities currently provide health insurance assistance and services? To what target markets? How might the Exchange design a Navigator program that leverages this capacity?
- What should the role and scope of work be for Navigators?
- •What skill sets and experience should be required of Navigators? Should such skills be standardized or variable depending on the population served by the Navigator?
- •What are mechanisms that the Exchange should consider for Navigator compensation?

# Other Questions?

- ?
- ?

# **Consumer Discussion Guide**

# Goals specific to consumer discussion:

- Identify existing community-based consumer assistance resources
- Understand challenges in reaching out to target populations
- Obtain input on how to design the Program to best protect consumers

# **Sample Questions**

- How can the Exchange leverage the existing community based networks of enrollment assisters including community-based organizations, Federally Qualified Health Centers, and providers to support Navigator functions?
- How should the Exchange ensure that Navigators provide information in a manner that is culturally, linguistically and otherwise appropriate to the needs of the diverse populations served by the Exchange?
- How do you currently hear about compliance issues from consumers with regards to brokers/agents? How should consumers register complaints involving the Navigator Program?
  - What types of tracking and oversight mechanisms are currently used and should be considered?
  - Which options for Navigator development and oversight maximize consumer protection?
- What conflict of interest rules and guidelines for Navigators should the state establish? (Proposed Federal
  regulations prohibit health issuers from serving as Navigators, and prohibit Navigators from receiving
  consideration directly or indirectly from any health issuer in connection with enrollment in a QHP.)

# Other Questions?

# **Broker Discussion Guide**

# Goals specific to broker discussion:

- Examine and comprehend the commercial insurance distribution system in Maryland
- Consider ways to minimize disruption to existing broker system
- Identify private system resources that can be leveraged

# Sample Questions

- How would you describe the current infrastructure of the existing brokers/agents in the State?
  - Generally, are there enough brokers/agents to meet capacity? Not enough? Too many?
  - Are there any needs that you are aware of that are not met or hard to meet? (e.g. geographies, businesses/population segments, etc?)
  - How can the Exchange determine what Navigator capacity is needed for use in the exchange?
- From your perspective, what are the potential effects of the Navigator Program on the agents/brokers business model in Maryland?
  - How will this impact how brokers/agents conduct business?
- What should be the relationship between agents/brokers and Navigators? Between Navigators and the Consumer Assistance Program?
- What options have the least impact on private sector employment? What options have the most?

# Other Questions?

# Health Plan - Medicaid Discussion Guide

# Goals specific to Medicaid health plan discussion:

- Obtain insight on outreach and enrollment to target populations
- Examine and comprehend training and licensing requirements

# **Sample Questions**

- Can you please generally describe how your organization works with the State and other entities to enroll individuals into your health plan?
  - What is your relationship with the current Medicaid enrollment broker?
  - What is the mix of individuals who select a HealthChoice plan versus those who are automatically assigned?
  - What other means of outreach/enrollment does your organization use, if any? (e.g. community based organizations, FQHC's, providers, etc.?)
- What skills sets and experiences have proved most beneficial when working with Maryland's Medicaid's Enrollment broker? Other CBOs?
- Should Navigators be required to serve across public and private sector programs or should different Navigator roles focus on different markets? What should be the role of Navigators with respect to the Medicaid and CHIP programs? The Private sector (individual and small group) markets?

# Other Questions?

# Health Plan - Commercial Discussion Guide

## Goals specific to commercial health plan discussion:

- Examine and comprehend training and licensing requirements in commercial market
- Obtain input on potential impact of Navigator Program on current enrollment market

# Sample Questions

- Does your company require specific skills sets and/or experience of brokers/agents? Currently, does your company design and deliver training to both brokers and agents? Do you require continuing education?
- Should the Exchange require licensure and/or certification of all Navigators? If so, should this be similar to the way that the MIA currently licenses brokers/agents or different, such as the requirements of MD's Medicaid enrollment broker? Why?
  - As required by the MIA, should Navigators be required to be bonded? Carry professional liability insurance?
  - As required by MD's Medicaid Enrollment broker, should Navigators provide access to telephone-based translation services? Provider bilingual material?
  - Given the potential for Navigators to offer public and private products, should, there be different certification criteria by product?
- From your perspective, what are the potential effects of the Navigator Program on the agents/brokers business model in Maryland? How will this impact how health insurance issuers conduct business?

# **Other Questions?**

# **Provider Discussion Guide**

## Goals specific to provider discussion:

- Identify ways in which providers conduct outreach and education to consumers
- Examine best practices for communicating with vulnerable populations

# Sample Questions

- Identify ways in which providers conduct outreach and education to consumers
  - Do you provide any programs and/or services to help patients/consumers enroll in health insurance coverage in the State?
  - What populations do these programs target? (e.g., Medicaid)
  - Where do they operate?
  - Who staffs them?
  - What is the scope of their services? (e.g., outreach and education, enrollment assistance)
  - How do they connect with consumers?
  - Which populations are not reached by these existing efforts or are particularly vulnerable or hard to reach?
- Are there specific elements or functions of the existing consumer assistance programs that could be leveraged by the Exchange? For example, are there services in place, such as networks of outreach coordinators, that can be used and/or built upon?

# Other Questions?

# Small Business Discussion Guide

# Goals specific to small business discussion:

- Obtain input on how small business work with brokers
- Identify possible compensation methods for Navigators

# **Sample Questions**

- Do you currently use brokers and agents to assist with obtaining health insurance coverage for your small business? If so, what is the range of services those brokers/agents perform?
  - What is successful about this relationship and why? What is challenging?
  - If you do not use brokers and agents, who do you use, if anyone, and why?
- What are the best strategies for reaching target populations that you would like to see the Navigators perform in the small group market?
- Do you compensate your broker/agent directly for obtaining health insurance coverage or does the health insurer compensate them? If applicable, how do you generally compensate them?
  - % of premium
  - PMPM
  - Other?

# Other Questions?

- Execute Against Key Informant Plan
  - Group Discussion Interviews
  - Interviews with Targeted MD Programs
  - Public Comments
- Complete Landscape Scan
- Develop Outline of Final Report